



## Request for Applications

RFA # A-292

### Maternal Serum Screening

**FUNDING AGENCY:** North Carolina Department of Health and Human Services,  
Division of Public Health  
Women's and Children's Health Section  
Children and Youth Branch

**ISSUE DATE:** December 16, 2013

**DEADLINE DATE:** January 17, 2014

**INQUIRIES and DELIVERY INFORMATION:**

Direct all inquiries concerning this RFA to:

Lara Perenti 919-707-5634

[lara.perenti@dhhs.nc.gov](mailto:lara.perenti@dhhs.nc.gov)

**Applications will be received until 5:00 PM on Friday, January 17, 2014.**

Send all electronic applications directly to the funding agency address as indicated below:

**Email Address:**

[lara.perenti@dhhs.nc.gov](mailto:lara.perenti@dhhs.nc.gov)

Only electronic applications will be accepted via email attachment (.doc, docx, .PDF formats), including all required attachments and letters of support.

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## **I. INTRODUCTION**

The purpose of this Request for Applications is to select two medical centers that support genetics programs with a fully functioning Maternal Serum Screening laboratory. The required service is Maternal Serum Screening and result interpretation for providers of pregnant women in North Carolina in order to identify high risk pregnancies, educate physicians and providers, and provide physicians with interpretation of laboratory results. The selected applicant(s) must be able to provide maternal screening services to indigent women living within a specific geographic region of the state (such as the eastern or western region) and/or across the entire state. The total funding available is \$280,532. The funds will be allocated to the successful applicant(s) based on need, population service area and expected number of units of service that the applicant is likely to provide based on fiscal year July 2013-June 2014 data and cost per unit.

## **II. BACKGROUND**

The services that will be provided under the contracts developed as a result of this RFA are critical to the mission and goals of the Division of Public Health, Women's and Children's Health Section. Populations served are women who meet federally developed guidelines as low income. Medicaid and health insurance reimbursements for services on their fee schedule are considered payment in full. Division of Public Health funds will only cover services with no other reimbursement mechanism.

### *Statute*

GS130A-124. This statute requires the North Carolina Department of Health and Human Services (NCDHHS) to establish and administer the statewide maternal and child health program for the delivery of preventive, diagnostic, therapeutic and habilitative health services to women of childbearing years, children and other persons who require these services.

GS130A-127. This statute requires NCDHHS to establish and administer a perinatal health care program to include prenatal health care services, education, identification of high-risk pregnancies as well as other perinatal services.

### **III. SCOPE OF SERVICES**

The services that are required under the contracts that will be developed are maternal serum screening. The selected applicants will provide direct services on a per specimen cost basis that addresses the following two outcomes: (1) to increase access to maternal serum screening for pregnant women with low income or who are medically under-served in the state and (2) to reduce neonatal mortality and the incidence of chronic handicapping conditions. The selected applicant(s) will also provide data required by the state and delineated in the contract. Review of data will occur at mid-point of the contract and corrective action plans will be developed if needed. The contract(s) developed may be renewed annually for a maximum of two years dependent upon clear documentation that the services are being provided according to the contract. Monthly invoices and financial status reports will be required and must provide specific numbers of specimens processed and services provided.

The purpose of this Request for Applications is to obtain the services of two contractors that have the capability to provide access to maternal serum screening to all pregnant women in North Carolina in order to identify at-risk infants with neural tube defects, Down syndrome and trisomy 18; to educate physicians and other health care providers about this program and about the importance of screening; to accurately interpret lab results to physicians so that they can discuss counseling options with patients; and to provide additional types of testing to the pregnant woman if indicated by the first test result. The applicant(s) may apply to provide maternal screening services to indigent women living within a specific geographic region of the state (such as the eastern or western region) and/or across the entire state.

#### **The Contractor shall:**

##### **Screening Services -Maternal Serum Screening (MSS)**

1. Receive MSS samples for testing of AFP, hCG, uE3, and inhA (MSAFP/quad screen) from physicians in NC providing prenatal care for pregnant women with low income.
2. Conduct lab tests at contractor facility five days a week according to current practice standards, including those established by the College of American Pathologists.
3. Provide second trimester prenatal screening for major fetal malformations by the Quad Screen using the serum markers for the following:
  - Maternal serum alpha-feto protein (MSAFP)
  - Maternal serum human chorionic gonadotrophin (hCG)
  - Maternal serum unconjugated estriol (uE<sub>3</sub>)
  - Inhibin A (inhA).
4. Interpret test results for health care providers.
5. Report test results to referring health care provider(s) within one week after receipt of specimen in the laboratory.
6. Provide physicians, health care providers or health departments (as indicated on laboratory request form) a written report of all results. For abnormal results or those requiring interpretations or further action, notify by telephone or FAX on the same day the result becomes available.
7. Provide literature, telephone and email consultations to physicians regarding various genetic conditions associated with maternal serum screening in the service area as

- requested.
8. Communicate with the physician/health-care provider as requested regarding interpretation of results and proper management guidelines in an effort to assure the best health care for the patient and her pregnancy.
  9. Annually provide continuing and new education regarding MSAFP/hCG/UE3/inh-A screening along with the following "support materials" to physicians and health departments in the following service areas:
    - Educational materials (protocol and instructions for screening, patient brochures)
    - Lab slips
    - Mailing containers
    - Information about new developments in maternal serum screening, diagnosis, treatment and follow-up.

### **Other Services**

1. Provide technical assistance to local providers submitting samples to assure that Medicaid/presumptive eligibility cards or insurance cards accompany all samples.
2. Maintain comprehensive patient records which must be available for audit as needed to further document the monthly financial reports.

### **Reporting Requirements**

1. Submit monthly reports of the services provided to the Division of Public Health Contract Administrator through expenditure report and financial report.
2. Submit a monthly financial report to the Contract Administrator that details the number of eligible screening services billed to the contract during that month, due no later than 30 days past the end of the month.
3. Submit a final report of services providing the following data, due no later than 30 days past the end of the contract period, including:
  - Demographic information (age, race, county of residence)
  - Gestational age at time of screening
  - Referring physician, office practice or health department.
4. Maintain comprehensive patient records to be available for audit as needed.

### **Other Requirements**

1. Meet, by phone or in person, with the Division of Public Health Contract Administrator mid-year to evaluate progress.
2. Agree to work collaboratively with the Division of Public Health Contract Administrator to develop and implement a corrective action plan if items in the scope of work are not being met.
3. Provide maternal serum screening services for pregnant women, which neither Medicaid nor other third party payors cover. Medicaid and health insurance reimbursements for services on their fee schedule are considered payment in full. Division of Public Health funds will only cover services with no other reimbursement mechanism.

4. Absorb the cost of maternal serum screening for indigent women in their assigned contract service area of North Carolina in the event contract funds have been depleted prior to the end of the contract period.

### **FUNDING AVAILABILITY**

The total funding available is \$280,532. The funds will be allocated to the two successful applicant(s) based on the population and the expected number of units of services that the applicant is likely to provide based on fiscal year July 2013-June 2014 data and cost per unit. After applicants are selected, contracts will be developed, pending funds availability. The final amount of awards will depend upon the appropriateness of the applicants' proposed goals, objectives, strategies and activities, the likelihood of the success of the proposed project, and the best value for the state of NC.

### **ELIGIBILITY FOR FUNDING**

Public or private non-profit medical centers with a genetics program and a fully functioning maternal serum screening laboratory are eligible to apply for these funds.

## **IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

### **1. Award or Rejection**

All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by 01/24/2014.

### **2. Decline to Offer**

Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency. Failure to respond as requested may subject the agency or organization to removal from consideration of future RFAs.

### **3. Cost of Application Preparation**

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

### **4. Elaborate Applications**

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

### **5. Oral Explanations**

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.



**6. Reference to Other Data**

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

**7. Titles**

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

**8. Form of Application**

Each application must be submitted on the form provided by the funding agency, and will be incorporated into the funding agency's Performance Agreement (contract).

**9. Exceptions**

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

**10. Advertising**

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

**11. Right to Submitted Material**

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

**12. Competitive Offer**

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

**13. Agency and Organization's Representative**

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

**14. Subcontracting**

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

**15. Proprietary Information**

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as “CONFIDENTIAL.” Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

**16. Participation Encouraged**

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled, including utilization as subcontractor(s) to perform functions under this Request for Applications.

**17. Contract**

The Division will issue a contract to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract.

## **V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW**

The following is a general description of the process by which applicants will be selected for funding for this project.

### **1. Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA are being sent to prospective agencies and organizations via direct mail, email, and/or Program website and will be posted at the following DHHS website on 12/16/2013:

<http://www.ncdhhs.gov/grantopportunities/currentopportunities.htm>

### **2. Distribution of the RFA**

RFAs will be sent via email to interested agencies and organizations beginning 12/16/2013.

### **3. Question & Answer Period**

Written questions concerning the specifications in this Request for Applications will be due by 5PM on 1/2/2014. As an addendum to this RFA, a summary of all questions and answers will be released on 1/7/2014 to all agencies and organizations sent a copy of this Request for Applications.

### **4. Notice of Intent**

Any agency that plans to submit an application shall submit a Notice of Intent no later than 5pm on 12/20/2013 to [lara.percenti@dhhs.nc.gov](mailto:lara.percenti@dhhs.nc.gov). Please include the following information in the Notice of Intent:

- The legal name of the agency.
- The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.

### **5. Applications**

Applicants shall email an electronic copy of the signed application and all attachments [lara.percenti@dhhs.nc.gov](mailto:lara.percenti@dhhs.nc.gov) by 5PM on 1/17/2014 in MS Word or PDF format. The electronic application must contain signed original documents. Faxed applications will not be accepted.

### **6. Original Application**

The original application must contain original documents, and all signatures in the original application must be original. Mechanical, copied, or stamped signatures are not acceptable. The original application should be clearly marked "original" on the application face sheet.

### **7. Copies of Application**

Along with the original application, submit 2 photocopies of the application in its entirety. Copies of the application should be clearly marked "copy" on the application face sheet.

**8. Format**

The application must be typed, single-side on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font should be easy to read and no smaller than an 11-point font.

**9. Space Allowance**

Page limits are clearly marked in each section of the application. Refer to *Applicant's Response* (pg. 21-25) for specifics.

**10. Application Deadline**

All applications must be received by the date and time on the cover sheet of this RFA. Faxed applications **will not** be accepted. Original signatures are required and can be included as part of the scanned document for submission.

**11. Receipt of Applications**

Applications from each responding agency and organization will be logged into the system and stamped with the date received on the cover sheet.

**12. Review of Applications**

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

**13. Request for Additional Information**

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

**14. Audit**

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status. G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used online at [www.NCGrants.gov](http://www.NCGrants.gov).

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

**15. Assurances**

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

**16. Additional Documentation to Include with Application**

All applicants are required to include documentation of their tax identification number.

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

In addition, those private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided in section *Verification of 501(c)(3) Status*. (pg. 29))

**17. System for Award Management Database (SAM)**

All contractors receiving federal funds must be actively registered in the federal government's System for Award Management (SAM) database, (formerly known as Central Contractor Registration (CCR)), or be willing to complete the registration process in conjunction with the award (see [www.sam.gov](http://www.sam.gov)). To maintain an active SAM record, the record must be updated no less than annually.

**18. Federal Certifications**

Agencies or organizations receiving Federal funds would be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix A). Federal Certifications should NOT be signed or returned with application.

## **19. Additional Documentation Prior to Contract Execution**

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

- a. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix B.)
- b. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix C.)
- c. Documentation of the agency's DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B) which indicates the agency or organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization's CCR record is acceptable.

If your agency does not have a DUNS number, please use the D&B online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge. (DUNS is the acronym for the Data Universal Numbering System developed and regulated by D&B.)

Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

- a. A completed, signed, and notarized statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix D.)
- b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix E)

All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is included in this RFA for your reference (see Appendix F). Contractor Certifications should NOT be signed or returned with application.

Note: At the start of each calendar year, all agencies with current DPH contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

## **20. Registration with Secretary of State**

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina, or be willing to complete the registration process in conjunction with the execution of the contract documents. (See [www.secretary.state.nc.us/corporations](http://www.secretary.state.nc.us/corporations).)

**21. Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement**

The Contractor shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form within 10 State Business Days upon request by the Division when awarded \$25,000 or more in federal funds. A reference version appears in Appendix G.

**22. Application Process Summary Dates**

12/16/2013: Request for Applications released to eligible applicants.  
12/20/2013: Notice of Intent due. (if applicable)  
01/02/2014: End of Q&A period. All questions due in writing by 5pm.  
01/07/2014: Answers to Questions released to all applicants.  
01/17/2014: Applications due by 5pm.  
01/24/2014: Successful applicants will be notified.  
06/01/2014: Contract begins.

## **VI. EVALUATION CRITERIA**

Application for project funds must address the three areas described in the "Application Content." The length of the narrative is not to exceed the page limit for each of the sections and the maximum total number of 6 pages. Applications will be reviewed by a committee of staff from the Division of Public Health and other state agencies serving children and youth. The maximum total value for each content area is stated below.

### **APPLICATION FACE SHEET**

Complete the application face sheet, including the signature of an authorized representative of the applicant agency. This page must be printed or typed and is not included in the maximum 6 page limit or point assessment.

### **APPLICATION CONTENT**

Applicant(s) choosing to apply for both a regional and a state wide award may send in two separate applications. Awards will be based on which application(s) best meet the criteria and the needs of the funding agency.

#### **I. CAPACITY STATEMENT/SUSTAINABILITY – Maximum 2 pages**

Please use this section to convince reviewers that your agency can successfully provide the services being proposed, addressing the following points: your agency's ability to provide services through (a) lab capacity, (b) technical expertise, and (c) provision of supporting materials (lab slips, containers, etc).

#### **II. DESCRIPTION OF CONTRACT SERVICES – Maximum 2 pages**

This description must include: (a) service for specific counties within a geographical region of the state and/or services encompassing the entire state, (b) types of maternal serum screening services provided, (c) method for informing providers and delivering services, and (d) a description of the educational outreach provided to health care providers.

#### **III. COST EVALUATION PLAN – Maximum 2 pages**

The cost evaluation plan must clearly provide information on (a) the unit cost, (b) how the costs for services are determined, and (c) how client ability or inability to pay is determined.



## **SCORING OF APPLICATIONS:**

Applications will be scored based on the responses to the three application content areas.

1. **Capacity Statement/Sustainability:** Total maximum points = 40

Score distribution is: 1 to 10 = poor; 11 to 20 = average; 21 to 30 = good; 31 to 40 = excellent.

2. **Description of Contract Services:** Total maximum points = 40

Score distribution is: 1 to 10 = poor; 11 to 20 = average; 21 to 30 = good; 31 to 40 = excellent.

3. **Cost Evaluation Plan:** Total maximum points = 20

Score distribution: 1 to 5 = poor; 6 to 10 = average; 11 to 15 = good; 16 to 20 = excellent.

**Total points possible = 100.**

**Each of the content areas will be scored according to the numerical values stated above.**

## **SELECTION CRITERIA:**

1. **Capacity Statement/Sustainability, 40 points possible.**

- (a) Lab capacity and credentials, 1 to 15 points
- (b) Technical expertise, 1 to 15 points
- (c) Provision of supporting materials to physician/health care provider, 1 to 10 points

2. **Description of Contract Services, 40 points possible.**

- (a) Specific counties and/or the entire state of North Carolina, 1 to 5 points.
- (b) Types of maternal screening services provided, 1 to 15 points.
- (c) Method for informing providers and delivering services, 1 to 10 points.
- (d) Description of the educational outreach provided to health care providers, 1 to 10 points.

3. **Cost Evaluation Plan, 20 points possible.**

- (a) Cost per unit in a regional and/or state wide service area (please include explanation if there are savings to the state over the standard rate or through a bulk-rate), 1 to 8 points.
- (b) Determination of cost per unit, 1 to 8 points.
- (c) Determination of client ability or inability to pay, 1 to 4 points.

## VII. APPLICATION

### **Application Checklist**

The following items must be included in the application. Please use a binder clip at the top left corner on each copy of the application and assemble the application in the following order:

— **Cover Letter**

— **Application Face Sheet**

— **Applicant's Response/Form**

— **Project Budget**

Include a budget in the format provided.  
Indirect costs are not allowed.

— **Letters of Commitment or Statements of Support** (if applicable)

— *IRS Documentation:*

- **IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)

or

- **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (private non-profits)

and

- **Verification of 501(c)(3) Status Form** (private non-profits)

**Cover Letter**

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant.

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's DUNS number
- the closing date for applications.

## Application Face Sheet

This form provides basic information about the applicant and the proposed project with Maternal Serum Screening, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA # A-292 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply):  <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency DUNS Number:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #12)      Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

## **Applicant's Response**

## Capacity Statement/Sustainability (2 page maximum)

## Description of Contract Services (2 page maximum)

## Cost Evaluation Plan (2 page maximum)



## Project Budget

Applicants must complete a program budget and budget justification narrative. The maximum budget for the budget periods included in this RFA is \$280,532. The intent of this RFA is to select two applicants to divide this funding between the eastern and western region of the state. The applications should include the cost of the screening service, number of patients per year and the total cost. It should define the services provided, laboratory tests, the determination of service costs, and the determination that the North Carolina Division of Public Health funds only cover services with no other reimbursement mechanism.

Contract Services	Budgeted Amounts
<u>Screening Services</u>	
MSAFP-quad screen	
\$ cost per screen x number patients/yr	\$140,266
<b><u>TOTAL</u></b>	\$140,266

### Budget narrative to define cost/unit

**Services:**

**Laboratory Tests:**

**Determination of Service Costs:**

**Determination that Division funds only cover services with no other reimbursement mechanism:**

## Indirect Cost Rate Approval Letter

If indirect cost is requested, appropriate documentation is required.

Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. The indirect cost rate shall not exceed 10 percent (10%) of the total direct cost. If indirect costs are requested, a current indirect cost rate letter must be included with the applicant's budget. The proper documentation for indirect cost is either a copy of the indirect cost approval letter to the contractor from the cognizant federal agency.

In situations where a non-governmental entity does not receive funds directly from a federal agency and where no federal cognizant agency is designated, an indirect cost rate may be established using criteria and cost principles outlined in the applicable federal circular. Under these conditions, a person or firm, preferably one knowledgeable of this subject should establish the rate. This person or firm should not be associated with the audit firm that conducts an audit of the entity's records. Once a rate has been established, this person or firm should certify in writing to the non-governmental entity that the rate has been established in accordance with the applicable federal circular and that the documentation should be maintained and made available to any auditor requesting such information. The entity should also provide a copy of the letter to any and all agencies with whom they contract and from whom they wish to claim reimbursement of indirect costs.

Depending upon the type of organization, the following federal circulars/regulations apply:

State, Local and Indian Tribal Governments	2 CFR Part 225& ASMB C-10
Educational Institutions	OMB Circular A-21
Hospitals	45 CFR Part 74
Private Non-Profit Organizations	2 CFR Part 230
For Profit Organizations (other than hospitals)	48 CFR Part 31

## **Letters of Commitment**

*Letters of commitment should be included from any agency or community organization integral to the success or implementation of the proposed activities. Examples of such agencies include those that will provide clinical services, outreach services, financial support, meeting space, transportation, access to participants or comparison group members, or services to participants beyond the scope of the applicant agency. Letters of support from local health departments are strongly encouraged to facilitate service provision. If a local health department is applying, they should have letters of support from community organizations that can support this project.*

## **IRS Letter**

### *Public Agencies:*

Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.

### *Private Non-profits:*

Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number.

**Verification of 501(c)(3) Status Form**

**Verification of 501 (C)(3) Status**

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We, the undersigned entity, hereby testify that the undersigned entity's 501 (c)(3) status, on file with the North Carolina Department of Health and Human Services is still in effect.

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Signature of Chairman, Executive Director, or other authorized official

\_\_\_\_\_  
Title of above signed authorized official

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Signature and Seal

Notary's commission expires \_\_\_\_\_, 20 \_\_\_\_.

---

The Appendices are provided as a reference only.

Applicants are **not to complete** these documents at this time **nor return them** with the RFA response.

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## APPENDIX A: FEDERAL CERTIFICATIONS

### The undersigned states that:

- (a) He or she is the duly authorized representative of the Contractor named below;
- (b) He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
- The Certification Regarding Nondiscrimination;
  - The Certification Regarding Drug-Free Workplace Requirements;
  - The Certification Regarding Environmental Tobacco Smoke;
  - The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
  - The Certification Regarding Lobbying;
- (c) He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
- (d) [Check the applicable statement]
- ☐ He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;
- OR**
- ☐ He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
- (e) The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

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Signature

---

Title

---

Contractor [Organization's] Legal Name

---

Date

[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]

### I. Certification Regarding Nondiscrimination

**The Contractor certifies** that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616),

as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

## **II. Certification Regarding Drug-Free Workplace Requirements**

1. **The Contractor certifies** that it will provide a drug-free workplace by:
  - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - b. Establishing a drug-free awareness program to inform employees about:
    - (1) The dangers of drug abuse in the workplace;
    - (2) The Contractor's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
  - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
  - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or** otherwise receiving actual notice of such conviction;
  - f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
    - (1) taking appropriate personnel action against such an employee, up to and including termination; or
    - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
  - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No. 1: \_\_\_\_\_



City, State, Zip Code: \_\_\_\_\_

Street Address No. 2: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

### **III. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

**The Contractor certifies** that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

### **IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions**

#### **Instructions**

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

### **Certification**

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

### **V. Certification Regarding Lobbying**

**The Contractor certifies**, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

## **VI. Disclosure of Lobbying Activities**

### **Instructions**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352**

1. Type of Federal Action:  <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action:  <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Post-Award		3. Report Type:  <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change  <b>For Material Change Only:</b>  Year _____ Quarter _____  Date of Last Report: _____	
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, (if known)  Congressional District (if known) _____			5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:  Congressional District (if known) _____		
6. Federal Department/Agency:  _____			7. Federal Program Name/Description:  CFDA Number (if applicable) _____		
8. Federal Action Number (if known) _____			9. Award Amount (if known) : \$ _____		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):  _____  (attach Continuation Sheet(s) SF-LLL-A, if necessary)			b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):  _____  (attach Continuation Sheet(s) SF-LLL-A, if necessary)		
11. Amount of Payment (check all that apply):  \$ _____ actual planned			13. Type of Payment (check all that apply):  <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____		
12. Form of Payment (check all that apply):  <input type="checkbox"/> a. cash <input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____					
14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11(attach Continuation Sheet(s) SF-LLL-A, if necessary):  _____  _____					
15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No					

<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>	
<p>Federal Use Only</p>		<p>Authorized for Local Reproduction Standard Form - LLL</p>

<p>Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503</p>
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## APPENDIX B: LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS

### **Letter from Board President/Chairperson Identifying Individuals as Authorized to Sign Contracts**

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I, \_\_\_\_\_, Board President/Chairperson of  
\_\_\_\_\_ [Agency/Organization's legal name]

hereby identify the following individual(s) who is (are) authorized to sign **Contracts** for the  
organization named above:

Printed Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Reference only — Not for signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
\* Title

\_\_\_\_\_  
Date

*\* Indicate if you are the Board President or Chairperson*

The fiscal year of the above named agency runs from months \_\_\_\_\_ to \_\_\_\_\_.

**APPENDIX C: LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS**

**Letter from Board President/Chairperson  
Identifying Individuals as Authorized to Sign  
Contract Expenditure Reports**

---

I, \_\_\_\_\_, Board President/Chairperson of  
\_\_\_\_\_ [Organization's legal name] hereby

identify the following individual(s) who is (are) authorized to sign **Contract Expenditure  
Reports** for the organization/agency named above:

	Printed Name	Title	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Reference only — Not for signature

_____ Signature	_____ * Title	_____ Date
	<i>* Indicate if you are the Board President or Chairperson</i>	



## APPENDIX D: NOTARIZED STATEMENT AND CONFLICT OF INTEREST POLICY

### **Notarization of Conflict of Interest Policy**

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State of North Carolina, County of \_\_\_\_\_

I, \_\_\_\_\_, Notary Public for said County and State,  
certify that \_\_\_\_\_ [Name of Board Chair or  
Authorized Official] personally appeared before me this day and acknowledged that he/she is  
\_\_\_\_\_ [Title] of  
\_\_\_\_\_ [Organization's full legal  
name] and by that authority duly given and as the act of the Organization, affirmed that the  
foregoing Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other  
governing body in a meeting held on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Signature and Seal

Notary's commission expires \_\_\_\_\_, 20 \_\_\_\_.

---

#### ***Instruction for Organization:***

Sign below and attach the organization's Conflict of Interest Policy which is referenced above.

Reference only — Not for signature

\_\_\_\_\_  
Signature of above named Organization Official

## Conflict of Interest Policy

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** — Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** — When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. **Violations of the Conflicts of Interest Policy** — If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. **Record of Conflict** — The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Reference only — Not for signature

---

Legal Name of Organization

---

Signature of Organization Official

---

Title of Organization Official

---

Date

## APPENDIX E: NO OVERDUE TAX DEBTS CERTIFICATION

### State Grant Certification – No Overdue Tax Debts<sup>1</sup>

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To: State Agency Head and Chief Fiscal Officer

#### **Certification:**

We certify that the \_\_\_\_\_  
[Organization's full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143-34(b)**.

#### **Sworn Statement:**

\_\_\_\_\_  
[Name of Board Chair] and  
\_\_\_\_\_  
[Name of Second Authorizing Official] being  
duly sworn, say that we are the Board Chair and  
\_\_\_\_\_  
[Title of Second Authorizing Official],  
respectively, of \_\_\_\_\_  
[Agency/Organization's full legal name] of \_\_\_\_\_ [City] in the State of  
\_\_\_\_\_  
[State]; and that the foregoing certification is true, accurate and  
complete to the best of our knowledge and was made and subscribed by us. We also  
acknowledge and understand that any misuse of State funds will be reported to the appropriate  
authorities for further action.

Reference only — Not for  
signature

Board Chair

Reference only — Not for  
signature

Title

Date

Signature

Title of Second Authorizing Official

Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Reference only — Not for signature

\_\_\_\_\_  
Notary Signature and Seal

Notary's commission expires \_\_\_\_\_, 20\_\_.

<sup>1</sup> G.S. 105-243.1 defines: "Overdue tax debt – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."

## **APPENDIX F: STATE CERTIFICATION**

### **State Certification**

#### **Contractor Certifications Required by North Carolina Law**

##### **Instructions**

The person who signs this document should read the text of the statutes listed below and consult with counsel and other knowledgeable persons before signing.

- The text of Article 2 of Chapter 64 of the North Carolina General Statutes can be found online at: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter\\_64/Article\\_2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf)
- The text of G.S. 105-164.8(b) can be found online at: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_105/GS\\_105-164.8.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf)
- The text of G.S. 143-48.5 (S.L. 2013-418, s. 2.(d)) can be found online at: <http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf>
- The text of G.S. 143-59.1 can be found online at: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.1.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf)
- The text of G.S. 143-59.2 can be found online at: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf)
- The text of G.S. 147-33.95(g) (S.L. 2013-418, s. 2.(e)) can be found online at: <http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H786v6.pdf>

##### **Certifications**

- (1) **Pursuant to G.S. 143-48.5 and G.S. 147-33.95(g)**, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: [www.uscis.gov](http://www.uscis.gov)
- (2) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
  - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
  - (b) [check **one** of the following boxes]
    - ☐ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
    - ☐ The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.

- (3) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (4) The undersigned hereby certifies further that:
- (f) He or she is a duly authorized representative of the Contractor named below;
  - (g) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
  - (h) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

---

Contractor's Name

---

Signature of Contractor's Authorized Agent

Date

---

Printed Name of Contractor's Authorized Agent

Title

---

Signature of Witness

Title

---

Printed Name of Witness

Date

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

## **APPENDIX G: FFATA Form**

### **Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement** NC DHHS, Division of Public Health Subaward Information

#### **A. Exemptions from Reporting**

1. Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
  - The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
  - The entity is an individual
  - If the required reporting would disclose classified information
2. Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This **executive compensation data is required only if both are true:**
  - More than 80% of the entity's gross revenues are from the federal government **and** those revenues are more than \$25 million in the preceding fiscal year
  - Compensation information is **not** already available through reporting to the U.S. Securities and Exchange Commission.

**By signing below, I state that the entity listed below is exempt from:**

**The entire FFATA reporting requirement:**

- ☐ as the entity's gross income is less than \$300,000 in the previous tax year.
- ☐ as the entity is an individual.
- ☐ as the reporting would disclose classified information.

**Only executive compensation data reporting:**

- ☐ as at least one of the bulleted items in item number 2 above is not true.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Entity \_\_\_\_\_ Date \_\_\_\_\_

#### **B. Reporting**

1. **FFATA Data** required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the *Federal Funding Accountability and Transparency Act (FFATA)*.

Entity's \_\_\_\_\_ Contract  
Legal Name \_\_\_\_\_ Number \_\_\_\_\_

☐ Active SAM registration record is attached

An active registration with SAM is **required**

\_\_\_\_\_  
Entity's DUNS Number

\_\_\_\_\_  
Entity's Parent's DUNS Nbr  
(if applicable)

##### **Entity's Location**

street address \_\_\_\_\_  
city/st/zip+4 \_\_\_\_\_  
county \_\_\_\_\_

##### **Primary Place of Performance for specified contract**

Check here if address is the **same** as Entity's Location ☐

street address \_\_\_\_\_  
city/st/zip+4 \_\_\_\_\_  
county \_\_\_\_\_

2. **Executive Compensation Data** for the entity's five most highly compensated officers (unless exempted above):

Title	Name	Total Compensation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____